

**State of Colorado
Oil and Gas Conservation Commission**

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Document Number:

401117992

Receive Date:

Report taken by:

Site Investigation and Remediation Workplan (Supplemental Form)

This form shall be submitted to the Director for approval prior to the initiation of site investigation and remediation activities. However, this shall not preclude the Operator from taking immediate action to protect public health or safety, the environment, wildlife, or livestock.

This Form 27 describes site conditions as currently understood by the Operator; approval of this Form 27 by COGCC is based on the site conditions accurately described herein; any changes in site conditions identified during or subsequent to the performance of the approved workplan may necessitate additional investigation or remediation which shall be described on a supplemental Form 27. This Form 27 is intended to provide basic information regarding the proposed site investigation and remediation actions, but the workplan may be more fully described in attached documentation.

Refer to Rules 340, 905, 906, 907, 908, 909, and 910

OPERATOR INFORMATION

Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISSION	Operator No: 5	Phone Numbers
Address: 1120 LINCOLN ST SUITE 801		Phone: (123) 123-1234
City: DENVER State: CO Zip: 80203		Mobile: (123) 123-1234
Contact Person: test test	Email: greg.deranleau@state.co.us	

PROJECT, PURPOSE & SITE INFORMATION**PROJECT INFORMATION**

Remediation Project #: 9843

Initial Form 27 Document #: 401117985

PURPOSE INFORMATION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 901.e. Sensitive Area Determination | <input type="checkbox"/> 909.c.(5), Rule 910.b.(4): Remediation of impacted ground water |
| <input type="checkbox"/> 909.c.(1), Rule 905: Pit or PW vessel closure | <input type="checkbox"/> Rule 909.e.(2)A.: Notice completion of remediation in accordance with Rule 909.b. |
| <input type="checkbox"/> 909.c.(2), Rule 906: Spill/Release Remediation | <input type="checkbox"/> Rule 909.e.(2)B.: Closure of remediation project |
| <input type="checkbox"/> 909.c.(3), Rule 907.e.: Land treatment of oily waste | <input type="checkbox"/> Rule 906.c.: Director request |
| <input type="checkbox"/> 909.c.(4), Rule 908.g.: Centralized E&P Waste Management Facility closure | <input type="checkbox"/> Other |

SITE INFORMATION

N Multiple Facilities (in accordance with Rule 909.c.)

Facility Type: CENTRALIZED EP WASTE MGMT FAC	Facility ID: 149010	API #:	County Name: WELD
Facility Name: NARCO WATTENBURG LANDFARM	Latitude: 40.017668	Longitude: -104.887329	
QtrQtr: SESE	Sec: 28	Twp: 1N	Range: 67W Meridian: 6 Sensitive Area? Yes

SITE CONDITIONS

General soil type - USCS Classifications CL

Most Sensitive Adjacent Land Use Agricultural

Is domestic water well within 1/4 mile? Yes

Is surface water within 1/4 mile? Yes

Is groundwater less than 20 feet below ground surface? Yes

Other Potential Receptors within 1/4 mile

None

SITE INVESTIGATION PLAN

TYPE OF WASTE:

☒ E&P Waste

☐ Other E&P Waste

☐ Non-E&P Waste

☐ Produced Water

☐ Workover Fluids

☒ Oil

☐ Tank Bottoms

☐ Condensate

☐ Pigging Waste

☐ Drilling Fluids

☐ Rig Wash

☒ Drill Cuttings

☐ Spent Filters

☐ Pit Bottoms

☐ Other (as described by EPA)

DESCRIPTION OF IMPACT

Impacted?	Impacted Media	Extent of Impact	How Determined
UNDETERMINED	GROUNDWATER	asd;klfjlsdkj	asd;lkfj;lsd
UNDETERMINED	SOILS	sd;lkfjasd;lfkj	asd;lfkjsdlfk

INITIAL ACTION SUMMARY

Description of initial action or emergency response measures take to abate, investigate, and/or remediate impacts associated with E&P Waste.

Test

PROPOSED SAMPLING PLAN

Proposed Soil Sampling

☒ Will soil samples be collected as part of this investigation? (Number, type (grab/composite), analyses, and locations of samples):

Various Tests

Proposed Groundwater Sampling

☒ Will groundwater samples be collected as part of this investigation? (Number, analyses, and locations of samples):

Various Tests

Proposed Surface Water Sampling

☐ Will surface water samples be collected as part of this investigation? (Number, analyses, and locations of samples):

Additional Investigative Actions

☒ Additional alternative investigative actions described in attached Site Investigation Plan (summary):

File review

SITE INVESTIGATION REPORT

SAMPLE SUMMARY

Soil

Number of soil samples collected 12
Number of soil samples exceeding 910-1 2
Was the aerial and vertical extent of soil contamination delineated? Yes
Approximate aerial extent (square feet) 45

NA / ND

-- Highest concentration of TPH (mg/kg) 786
-- Highest concentration of SAR 12
BTEX > 910-1 Yes
Vertical Extent > 910-1 (in feet) 15

Groundwater

Number of groundwater samples collected 0
Was extent of groundwater contaminated delineated? No
Depth to groundwater (below ground surface, in feet) 21`
Number of groundwater monitoring wells installed 10
Number of groundwater samples exceeding 910-1 5

-- Highest concentration of Benzene (µg/l) 12
-- Highest concentration of Toluene (µg/l) 23
ND Highest concentration of Ethylbenzene (µg/l)
-- Highest concentration of Xylene (µg/l) 234
NA Highest concentration of Methane (mg/l)

Surface Water

0 Number of surface water samples collected
0 Number of surface water samples exceeding 910-1
If surface water is impacted, other agency notification may be required.

OTHER INVESTIGATION INFORMATION

☒ Were impacts to adjacent property or offsite impacts identified?

sdl;kfjad;lfkj

☐ Were background samples collected as part of this site investigation?

☒ Was E&P waste generated as part of this investigation?

Volume of solid waste (cubic yards) 2 Volume of liquid waste (barrels) 2

☒ Is further site investigation required?

asdf,jksdnfklsdajf

REMEDIAL ACTION PLAN

Does this Supplemental Form 27A include changes to a previously approved Remedial Action Plan? Yes _____

SOURCE REMOVAL SUMMARY

Describe how source is to be removed.

DIG N HAUL

REMEDIATION SUMMARY

Describe how remediation of existing impacts to soil and groundwater is to be accomplished (i.e. summarize remedial action plan). Provide a brief narrative description including: technical justification, schedule for implementation, estimated time to attain NFA status, plus plans and specifications for the selected remedial action technology.

CLEAN IT ALL UP

Soil Remediation Summary

☐ In Situ

_____ Bioremediation (or enhanced bioremediation)

_____ Chemical oxidation

_____ Air sparge / Soil vapor extraction

_____ Natural Attenuation

_____ Other _____

☒ Ex Situ

Yes _____ Excavate and offsite disposal

If Yes: Estimated Volume (Cubic Yards) _____ 9876

Name of Licensed Disposal Facility or COGCC Facility ID # _____ 76512

Yes _____ Excavate and onsite remediation

Yes _____ Land Treatment

No _____ Bioremediation (or enhanced bioremediation)

No _____ Chemical oxidation

No _____ Other _____

Groundwater Remediation Summary

☐ _____ Bioremediation (or enhanced bioremediation)

☐ _____ Chemical oxidation

☐ _____ Air sparge / Soil vapor extraction

☐ _____ Natural Attenuation

Yes _____ Other _____ SUCK IT UP _____

GROUNDWATER MONITORING

If groundwater has been impacted, describe proposed monitoring plan, including # of wells or sample points, monitoring schedule, analytical methods, points of compliance. Attach a groundwater monitoring location diagram.

A BUNCH OF WELLS AND SOME OTHER STUFF.

REMEDIATION PROGRESS UPDATE

PERIODIC REPORTING

Frequency: ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other _____

Report Type: ☐ Groundwater Monitoring ☐ Land Treatment Progress Report ☐ O&M Report
☐ Other _____

WASTE DISPOSAL INFORMATION

Was E&P waste generated as part of this remediation? _____

Describe beneficial use, if any, of E&P Waste derived from this remediation project:

Volume of solid waste (cubic yards) _____

Describe type of solid waste _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

Volume of liquid waste (barrels) _____

Describe type liquid waste _____

COGCC Disposal Facility ID #, if applicable: _____

Non-COGCC Disposal Facility: _____

REMEDIATION COMPLETION REPORT

REMEDIATION COMPLETION SUMMARY

Is this a Final Closure Request for this Remediation Project? No _____

Do all soils meet Table 910-1 standards? _____

Does the previous reply indicate consideration of background concentrations? _____

Are the only residual soil impacts pH, SAR, or EC at depths greater than 3 feet below ground surface? _____

Does Groundwater meet Table 910-1 standards? _____

Is additional groundwater monitoring to be conducted? _____

RECLAMATION PLAN

RECLAMATION PLANNING

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing.

TBD

Is the described reclamation complete? _____

Does the reclamation described herein constitute interim or final reclamation of the Oil and Gas Location?

☐ Interim? ☐ Final?

Did the Surface Owner approve the seed mix? _____

If NO, does the seed mix comply with local soil conservation district recommendations? _____

IMPLEMENTATION SCHEDULE

PRIOR DATES

Date of Surface Owner notification/consultation, if required. _____

Actual Spill or Release date, if known. _____

SITE INVESTIGATION DATES

Date of Initial Actions described in Site Investigation Plan (start date). 10/03/2016

Date of commencement of Site Investigation. _____

Date of completion of Site Investigation. _____

REMEDIAL ACTION DATES

Date of commencement of Remediation. _____

Date of completion of Remediation. _____

SITE RECLAMATION DATES

Date of commencement of Reclamation. _____

Date of completion of Reclamation. _____

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: test test

Title: tester

Submit Date: _____

Email: greg.deranleau@state.co.us

Based on the information provided herein, this Application for Site Investigation and Remediation Workplan complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Date: _____

Remediation Project Number: 9843

COA Type

Description

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Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)